

DIVISION OF SANITATION

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SPECIAL SEWER PERMIT APPLICATION

IMPORTANT INSTRUCTIONS

TO INSURE PROMPT HANDLING OF YOUR "SPECIAL" BUILDING SEWER CONNECTION APPLICATION, PLEASE PAY ADDED ATTENTION TO THE FOLLOWING POINTS:

1. BE SURE THAT THE APPLICATION IS SIGNED BY THE OWNER OF THE PROPERTY (PART I and PART III).
2. BE SURE THAT AN ESTIMATED COST OF CONSTRUCTION IS INCLUDED (CAN BE OBTAINED FROM YOUR CONTRACTOR OR PLUMBING SUPPLY DEALER) (PART I).
3. BE SURE TO ATTACH COPIES OF YOUR WATER BILLS FOR THE PREVIOUS YEAR.
4. BE SURE TO ATTACH A SKETCH SHOWING EXISTING PLUMBING, GREASE TRAPS, HAIR INTERCEPTORS, KNOWN UNDERGROUND UTILITIES, DRAINAGE, ETC., AS WELL AS HOW THE CONNECTION WILL BE MADE (PART II - ITEM 8).
5. BE SURE THAT ALL THE REQUIRED INFORMATION HAS BEEN PROVIDED ON PART I, PART II, AND PART III. (PLEASE PRESS FIRMLY WITH PEN TO INSURE THAT ALL COPIES WILL BE LEGIBLE.)
6. BE SURE TO ATTACH A COPY OF YOUR MOST RECENT TAX BILL.
7. PART II MUST BE FILLED OUT BY THE OPERATOR OF THE BUSINESS. IF THE PROPERTY IS A MULTI-OCCUPANT BUILDING, EACH BUSINESS OPERATOR/TENANT MUST FILL OUT AN INDIVIDUAL PART II FORM.
8. SC DPW SURVEY FORM (PART III) MUST BE FILLED OUT IN ITS ENTIRETY.
9. APPLICANT MUST PROVIDE A CESPOOL CLOSURE FORM PRIOR TO PERMIT ISSUANCE.
10. INTERCEPTORS (i.e., GREASE, LINT, ETC.) MUST BE DELIVERED WITH A LETTER OF CERTIFICATION CONFIRMING FABRICATION WITHIN THE MINIMUM DESIGN REQUIREMENTS SET BY SC DPW. THE FOUR WALLS OF SAMPLING MANHOLES MUST BE THE FULL THICKNESS FOR THE HEIGHT OF THE STRUCTURE.
11. **FAILURE TO DO ALL OF THE ABOVE WILL DELAY YOUR PERMIT.**

SPECIAL NOTES

1. Upon issuance, this connection permit and the subsequent Discharge Certification permit are subject to the terms and conditions of the "Suffolk County Code - Chapter 424 - Sewers" and are contingent upon the permittee complying with all terms and conditions contained therein.
2. Connection to County sewage works without prior approval is unlawful. The entire installation must be inspected and approved prior to backfilling. Backfilling of the connection prior to inspection and approval is a violation of the "Suffolk County Sewer Regulations" and violators are subject to penalties. No building sewer will be approved unless visually inspected by an inspector authorized by SCDPW. An authorized SCDPW inspector must be present when the connection is made to the sewer stub.
3. Notify the SCDPW at least two working days prior to commencing work to schedule an inspection; between the hours of 8:30 AM and 3:00 PM, call **631-854-4185**. Inspections will only be made during normal working hours.
4. All construction methods and materials shall comply with the regulations issued for building sewer connections. Copies may be obtained at the offices of the SCDPW.
5. Where use of septic tanks, cesspools, or overflow pools is discontinued following connection to sewage works, the owner of the property containing such septic tanks, cesspools or overflow pools shall have all such structures located and all shall be properly emptied, cleaned and backfilled with earth, sand or other clean material within 15 days of abandonment. Access for inspection must be provided. Failure to have all cesspools, septic tanks and overflow pools, whose use is discontinued, properly abandoned is unlawful.
6. In accordance with New York State Industrial Code Rule 753, prior to performing excavation with mechanical or power equipment, the excavator must notify the operators of any public or private underground facilities of the proposed excavation.
7. Attention is directed to the New York State Department of Health's **Recommended Standards for Waterworks**, Section 8.8, which states in part:
 - Wherever possible, sewer lines are to be at least 10 feet horizontally from a water main.
 - If it is impractical to maintain that clearance, the sewer must be laid in a separate trench or undisturbed earth shelf and must be at least 18 inches below the water main.
 - Wherever possible, lines which cross water mains shall have at least 18 inches vertical separation within 10 feet of the crossing.
 - Where it is impossible to obtain such separations, the sewer must be designed and constructed equal to water (pressure) pipe.
 - Pipe must conform to these requirements and meet SCDPW standards.
8. Keep this permit on the premises, available for exhibition at all times during the construction of the work.
9. **Warning:** Construction of a building connection is dangerous. **DO NOT** attempt unless familiar with proper construction techniques.

APPLICATION FOR SPECIAL BUILDING SEWER CONNECTION PERMIT

SUFFOLK COUNTY DEPARTMENT OF
PUBLIC WORKS
DIVISION OF SANITATION
600 Bergen Avenue
West Babylon, New York 11704

Permit Number:

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ISSUED BY:

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INSTRUCTIONS:

1. Complete this form by printing or typewriting the required information.
2. The owner must obtain all required permits from local agencies having jurisdiction, including, but not limited to Highway and Building Departments. Attach a copy of required permits to this application.
3. Contractors must be registered by SCDPW prior to performing building connection work.
4. To complete processing of this application it may be necessary for a facility inspection to be performed. This inspection and all aspects of Special Building Sewer Connection procedures are authorized under the jurisdiction of Suffolk County Local Law – "Suffolk County Code Chapter 424 – Sewers". False or misleading statements on this application are a violation of the local law.
5. See SPECIAL NOTES on reverse side of application.

↓ FACILITY LOCATION ↓

ESTIMATED COST OF CONNECTION:

By Owner ☐; By Contractor ☐

Name of Facility:

Suffolk County Real Property Tax Map No.

District

Section

Block

Lot

Address:

Name of nearest intersecting street:

Telephone:

Name:

Contact Person:

Title:

Address:

Telephone:

Property Owner:

Telephone No.
()

S.C. Registration No.

Address:

Plumber's License No.

Licensing Authority

Telephone:

WATER SUPPLY

Public:

District

Private Well:

Depth

Diameter

EXISTING WASTE TREATMENT FACILITY: Yes ☐ No ☐

If Yes, SPDES Permit No. NY

SUFFOLK COUNTY ARTICLE 12 HAZARDOUS MATERIALS PERMIT: Yes ☐ No ☐

If Yes, Permit No.

Expiration Date:

TYPE OF FACILITY: Industrial ☐ Municipal ☐ Commercial ☐ Institutional ☐ Food Service ☐

No. of Employees/Occupants ; No. of shifts ; No. of Beds ; No. of Seats

PROPERTY OWNER'S SIGNATURE:

DATE:

↓ FOR SUFFOLK DEPARTMENT USE ONLY ↓

Installation Inspected & Approved by:

Date:

(Signature of authorized SCDPW Inspector)

APPLICATION FOR SPECIAL BUILDING SEWER CONNECTION
COMMERCIAL/ INDUSTRIAL WASTES IDENTIFICATION

1. RPTM# _____ - _____ - _____ - _____ - _____
2. Work shifts per day (enter times): Day _____ Evening _____ Night _____
3. Number of personnel per shift: Day _____ Evening _____ Night _____
4. Describe the specific nature of business; include all applicable NAICS codes (www.naics.com):

5. Describe all Industrial Processes and Commercial or Institutional Operations (check all boxes that apply):

✓	PROCESS	DESCRIPTION	CHEMICALS USED	
			Type	Quantity
	Manufacturing			
	Finishing			
	Assembly/Packaging			
	X-Ray/Photo			
	Dental			
	Laboratory			
	Food Preparation			
	Laundering			
	Automotive			
	Waste Treatment			
	Laboratory			
	Other:			

6. Specify all potential Sources of wastes and wastewater including those you described in Item 5:
 (Check all boxes that apply)

WASTE SOURCE	✓	Estimate Gallons per Day	WASTE SOURCE	✓	Estimate Gallons per Day
None (except bathroom)			Boiler Blow-down		
Equipment wash down			Treatment system effluent		
Production area/floor wash down			Waste liquids from Repackaging		
Finishing rinses			Kitchen/Laundry wastes		
Dental rinses			Spent Chemicals		
Cooling water			Other (specify):		
Other (specify):			Other (specify):		

7. List all sources (including private wells) of drinking, process, and cooling water used at the facility. Attach copies of water bills for the previous 12-month period. _____

8. Attach property survey, and plans or sketch of proposed installation showing property lines, underground utilities, utility poles, structures and trees within 10 feet of installation.

DEPARTMENT OF PUBLIC WORKS DIVISION OF SANITATION

PART III - REQUIRED SURVEY – COMMERCIAL ACCOUNTS

Please provide the information requested on PART III of this application regarding occupancy and water usage so that sewer use fee levels may be correctly determined. This information will also aid our review of chemical/objectionable waste discharge.

INSTRUCTIONS FOR COMPLETING PART III - COMMERCIAL SURVEY

1. Please provide the number of residential dwelling units, if any, and the total number employees working in the building.
2. Please indicate the Suffolk County Water Authority Office, or the name and location of any other public water company through which you receive water service. If your source of water is a private well, please indicate the yearly flow in gallons as well as the number of employees.
3. Please list each tenant or business located at this property with their street address and/or unit number. **ALL UNITS, VACANT OR OTHERWISE, MUST BE LISTED.** Also, please indicate the type of business and the **WATER ACCOUNT NUMBER** for each tenant or business located at this property. If there has been a change in tenancy (including a newly occupied space), show the beginning date of the new tenant in the 'FIRST DATE OF OCCUPANCY' column. Use additional sheets if necessary. If there have been structural changes to the property that have altered the total number of units, please indicate this in writing on a separate sheet of paper.
4. Please make sure that the water account number given for each tenant or business matches the account number shown on the water bill.
5. Please read and sign the declaration at the bottom of the sheet.

Return signed and completed survey form to the Permit Office with your sewer connection application form. If you have any questions regarding this survey, please contact the sewer billing office at: (631) 852-4060.

DEPARTMENT OF PUBLIC WORKS

REQUIRED SURVEY – COMMERCIAL ACCOUNTS

PROPERTY ADDRESS (MUST BE INDICATED):

BILLING ADDRESS (IF DIFFERENT):

TAX MAP #: _____

(Found on your property tax bill)

TEL: _____

Please refer to the instructions on the previous page

1. Number of Residential dwelling units (if any): _____ Number of Employees _____
(in entire building)
2. Water Source (check all that apply):
☐ Suffolk County Water Authority
☐ East Farmingdale Water District
☐ Private Well: Yearly Flow _____ Gallons
☐ Other _____

3. <u>Tenant/Business Name</u> (List all units, including vacancies)	<u>Address/Unit #</u>	<u>Estimated First Date of Occupancy</u>	<u>Type of Business</u>	<u>Water Company Acct #:</u> (Found on your <u>water</u> bill)
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____
(8) _____	_____	_____	_____	_____
(9) _____	_____	_____	_____	_____
(10) _____	_____	_____	_____	_____

It is the responsibility of the property owner to get water account numbers for all tenants.

4. Any false statements made on this form are in violation of the "Suffolk County Code" Chapter 424 (Sewers), ref. Article IV § 424-16(B) and Article VI § 424-35(A).

Please be reminded that unpaid sewer bills are collected by placement on the property tax bill of the legal owner of the building involved. Your cooperation in providing all the above requested information is appreciated. **FAILURE TO COMPLETE AND RETURN THIS SURVEY CAN RESULT IN JEOPARDY BILLING AT AN INFLATED AMOUNT.**

5. I hereby certify that the information provided on this form and any attachments is true to the best of my knowledge and belief. I am either the owner of the said tax parcel or an officer or designated part of such owner.

Legal Name of Owner (PLEASE PRINT)

Signature

Date